



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil  
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5<sup>th</sup> April, 2023

Deputy Louise O'Reilly, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 14775/23**

**To ask the Minister for Health the number of beds for stroke patients in Ireland; the deficit that exists for the population on the basis of recommendations contained in the UK's National Clinical Guidelines for Stroke on the care to be provided for persons who have suffered a stroke; the estimated cost of meeting the staffing requirements for a single bed in a stroke unit; the estimated cost required to meet the increase in the incidence of strokes; the additional staffing needed for the development of acute stroke unit bed capacity; and if he will make a statement on the matter.**

Dear Deputy O'Reilly,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Stroke on your question and have been informed that the following outlines the position.

The National Clinical Programme for Stroke completed an analysis of acute stroke beds required to meet the agreed national key performance indicator (KPI) that 90% of cases of acute stroke are admitted to a stroke unit bed. This analysis considered requirements over the next five years at each site using a calculation based on the proportional growth in the over 65 population in the catchment of each hospital (taken from Central Statistics Office data) and the fact that 75% of strokes occur in that age group.

The Irish National Audit of Stroke (INAS) Organisational Report 2021<sup>1</sup> reported 239 acute stroke unit beds nationally in 2020.

The National Clinical Programme (NCP) for Stroke has estimated that, based on the potential increase in stroke numbers and the average length of stay for stroke, 327 acute stroke beds are required. The National Clinical Programme for Stroke has advised that adequate staffing of stroke units is essential to ensure proper care of this emergency brain injury, enhance acute treatment delivery, prevent and manage complications, start patient recovery and discharge planning early and to ensure proper patient and carer education and support.

The National Clinical Programme for Stroke has described the required staffing for a five-bedded stroke unit based on the British Association of Stroke Physicians National Stroke Guideline (2016), outlined in the table below.

| 5 Bedded Stroke Unit<br>(1 Hyperacute bed, 4 Acute Stroke Unit Beds) | Physiotherapist                        | Occupational Therapist | Speech and Language Therapist | Clinical Psychologist | Dietician*  | Nurse                                      | Consultant Stroke Physician   |
|--|--|------------------------|-------------------------------|-----------------------|-------------|--|---|
|  | Whole-Time equivalent (WTE) per 5 beds |                        |                               |                       |             | WTE per bed                                | 24/7 availability; minimum 6 thrombolysis trained physicians on rota. Consultant led ward round five days per week. |
| 1 Hyperacute Stroke Unit bed   | 0.2                                    | 0.1                    | 0.1                           | 0.04                  | 0.07        | Registered 2.32<br>Unregistered 0.58       |   |
| 4 Acute Stroke Unit beds   | 0.7                                    | 0.7                    | 0.3                           | 0.2                   | 0.3         | Registered 3.51<br>Unregistered 1.89       |   |
| <b>Total WTE</b>   | <b>0.9</b>                             | <b>0.8</b>             | <b>0.4</b>                    | <b>0.24</b>           | <b>0.37</b> | <b>Registered 5.8<br/>Unregistered 2.9</b> |   |

Findings of the INAS 2021 report also show that, out of the 24 stroke units across the country, 21 (88%) of these stroke units operate below the recommended nurse staffing level (as recommended by the European Stroke Organisation). The National Clinical Programme for Stroke, in conjunction with the Framework for Safe Nurse Staffing and Skill Mix, is currently undertaking an exercise to understand the current nurse staffing levels on stroke units, to examine what tool can best delineate the nurse to patient ratio for such complex care. Nurse staff costings reflective of current stroke care can then be completed.

This INAS 2021 report indicated insufficient health and social care profession (HSCP) staffing in all 24 identified stroke units nationally. While total staffing varied, all units were deficient in some aspect of specialist therapy care. The cost to address HSCP staffing (Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics, Medical Social Work and Psychology) in acute stroke units (using July 2022 pay figures) has been calculated at a cost of circa €12.8million over five years. The HSE's National Stroke Strategy 2022-2027<sup>2</sup> outlines a five-year phased programme to address these staffing deficits.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



**Anne Horgan**  
General Manager

**References:**

1. [Irish National Audit of Stroke Organisational Audit Report 2021 FINAL.pdf](#)
2. [National Stroke Strategy 2022-2027 \(hse.ie\)](#)